

# FIRE DEPARTMENT

The City of New York

## Bureau of Health Services



### WORLD TRADE CENTER MEDICAL MONITORING & TREATMENT PROGRAMS

**Sofia Bakradze**

9 MetroTech Center  
Brooklyn, N.Y. 11201  
Phone: 718-999-1937  
Fax : 718-999-0080



### REQUEST FOR DUPLICATION OF WTC MEDICAL RECORD PATIENT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO NIOSH WTC CLINICS

Last Four Social \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Please request/check all that apply:

I authorize The Fire Department of the City of New York/Bureau of Health Services to disclose medical information about my:

- World Trade Center Medical Monitoring Program physical examination records
- World Trade Center Medical Treatment Program **physical** health (BHS) visit(s)

TO: WTC Health Program Clinic site specified below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for disclosure:                      Patient Request                      Other

We will not condition treatment or payment on whether you sign this authorization. However, if you refuse to sign, we will not release your records.

Patient  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For records related to World Trade Center Medical Treatment Program **mental** health/substance abuse (CSU) visit(s), please call Shara Pena at 212-570-1693.

To request records or to revoke authorization, send a written request to the address at the top of this page.